

OCCUPATIONAL HEALTH SERVICES
ESSENTIAL FUNCTIONS WORKSHEET

Candidate name: _____

Job classification: _____ Class Code: _____

Agency: _____ Position # _____

Agency Address: _____

Prepared by: _____ / _____
(Signature) (Please Print Name)

Preparer's position title: _____ Date _____

Phone (____) _____ Fax (____) _____

Please complete and submit this Essential Functions package as your request to perform a post offer physical exam. Forward this package to: **ADOA Occupational Health Services, 100 North 15th Avenue, Suite 301, Phoenix, AZ 85007 or FAX to (602) 382-2390.**

This form has been provided as a courtesy to agencies that wish to use it. If your agency has developed a format for Essential Functions, OHS will accept it if it includes all the components contained in this one. **Your agency worksheets must be accompanied by this cover sheet.**

An **essential function** is any part of a position, such as a task, knowledge, skill or ability, the absence of which would fundamentally change the nature, scope level or purpose of the position. Description of **essential functions** should focus on what is to be done, not on the physical/mental activities and processes traditionally used to achieve the results or produce the end products. Use the attached **Essential Functions Flow Chart** to assist your determination of essential vs. marginal functions. Be brief in your descriptions.

Occupational Health Services is not responsible for verifying the content of this document. The individual who prepares and signs this document is verifying accuracy and completeness. The document must be completed and received by OHS before the candidate is scheduled for the post-offer physical exam.

A conditional offer of employment must have been made prior to the physical exam. Drug screening, psychological testing and initial background checks must be done prior to the physical exam.

If you have any questions, contact Occupational Health Services at 602-542-3481.

Revised August 2011

ESSENTIAL FUNCTIONS Please number each Essential Function, 1, 2, 3 etc...	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Additional sheets may be used if needed

WORK ENVIRONMENT WORKSHEET

Candidate Name: _____ Agency: _____ Phone: _____

Use these codes: (C =continuously (>66%); F = frequently (34-66%); O = occasionally (10-33%) or R = rarely (<10%).

Physical Demands	Frequency	Essential Function(s) (list EF numbers from pg.2)
Balancing (Provide details)		
Climbing (Provide details)		
Crawling (Provide details)		
Driving (State vehicle or own vehicle for State business)		
Fine Dexterity		
Foot Controls		
Hearing		
Kneeling/Crouching/Bending		
Manual Dexterity		
Lifting/Carrying ____ pounds Floor to waist Floor to chest Floor to shoulder Floor to overhead Other:		
Pushing/Pulling ____ pounds Using wheels Over rough terrain Up/down inclines Other:		
Reaching		
Sitting		
Standing		
Talking		
Twisting		
Upper Extremity Repetitive Motion		
Vision		
Walking/Running Short distances ____ Long distances ____		
Other (describe)		

Providing as much information as possible about the work demands for your job candidate will help us do the best evaluation to ensure his/her ability to safely perform the essential functions

of the job.

WORK ENVIRONMENT WORKSHEET

Non-Physical Demands	Frequency	Essential Function(s) (list EF numbers from pg. 2)
Analysis/Reasoning		
Communication Skills (distinguish from "talking" if additional requirement to simultaneously mentally analyze/or reason and verbally express)		
Math/Mental Computation		
Reading		
Sustained Mental Activity: (example: auditing, grant writing, composing reports, problem solving)		
Writing		
Other (describe)		
Environmental Demands	Frequency	Essential Function(s) (list EF numbers from pg. 2)
Dust		
Frequent Task Changes		
High Volume Public Contact		
Loud Noises		
Physical Abuse/Physical Danger		
Tedious/Exacting Work		
Temperature Extremes		
Toxic Substances (list and provide MSDS for each substance)		

Work Hours:_____ Works Alone? Yes ____ % of time No ____

Days ____ Eves ____ Nights _____

Rotating: Yes ____ No _____

Extended: Yes ____ Explain _____ No _____

ADOA/OHS/EF 12/05